

1020

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|--|--|---|------------------------------|
| 1. County of <u>Gila</u> | BUREAU OF VITAL STATISTICS | | |
| District of <u>Winkelman</u> | ORIGINAL CERTIFICATE OF BIRTH | | |
| Town of <u>Winkelman</u> | State Index No. <u>169</u> | County Registrar No. <u>725</u> | Local Registrar No. <u>1</u> |
| or | No. | St. | Ward |
| City of _____ | (If birth occurred in a hospital or institution, give its NAME instead of street and number) | | |
| 2. Full name of child <u>Charles William Dixon</u> | | | |
| 3. Sex of Child <u>Male</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 5. Legitimate? <u>Yes</u> |
| 7. Date of birth <u>Oct 22-1923</u> | | If child is not yet named, make supplemental report, as directed. | |
| 8. FATHER | | 14. MOTHER | |
| Full name <u>James Ford Dixon</u> | | Full maiden name <u>Isabell Buzan</u> | |
| 9. Residence (Usual place of abode) <u>Feldman</u> | | 15. Residence (Usual place of abode) <u>Feldman</u> | |
| 10. Color or race <u>White</u> | | 16. Color or race <u>White</u> | |
| 11. Age at last birthday <u>39</u> (Years) | | 17. Age at last birthday <u>23</u> (Years) | |
| 12. Birthplace (city or place) (State or country) <u>Arkansas</u> | | 18. Birthplace (city or place) (State or country) <u>Mammoth Ariz</u> | |
| 13. Occupation Nature of industry <u>Miner</u> | | 19. Occupation Nature of industry <u>House Wife</u> | |
| 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) | | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> | |
| (a) Born alive and now living <u>3</u> | | (b) Born alive but now dead <u>none</u> | |
| (c) Stillborn <u>none</u> | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| I hereby certify that I attended the birth of this child, who was <u>natural birth</u> <u>3:10 P.M.</u> on the date above stated. | | | |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. | | Signature <u>Mrs. Humphrey</u> | |
| Address <u>Winkelman Ariz</u> | | (Physician or midwife) | |
| Given name added from a supplemental report _____ | | Filed <u>Nov 23</u> 19 <u>23</u> | |
| Month, day, year. _____ | | Filed <u>Dec 3</u> 19 <u>23</u> | |
| Registrar. _____ | | Local Registrar. <u>Winkelman</u> | |
| | | County Registrar. _____ | |

345-1022-725